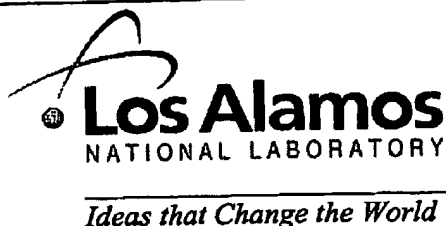


~~OCT 21 2005~~

P.O. Box 1663, LC/IP, MS A187  
Los Alamos, NM 87545  
(505) 667-3766  
Fax: (505) 665-4424

**FAX TRANSMISSION COVER SHEET****Date:** 10/21/2005**To:** TC 1600  
US Patent and Trademark Office**Fax:** (571) 273-8300**From:** Bruce H. Cottrell  
LC/IP**Phone:** (505) 667-9168  
**Fax:** (505) 665-4424**Re:** 10/629,984  
S-100,648  
Jurgen G. Schmidt**Sender:** Sharon Ruminer

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**Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:**

1. Amendment (14 pages)
2. Fee Transmittal (1 page)

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**UNCLASSIFIED**

OCT 21 2005

Rev. 12/09/04

<b>FEE TRANSMITTAL</b> For FY 2005 <small>Patent fees are subject to annual revision</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number:	10/629,984
<b>TOTAL AMOUNT OF PAYMENT: \$510.00</b>		Filing Date:	7/29/2003
		First Named Inventor:	Jurgen G. Schmidt
		Examiner Name:	Jon D. Epperson
		Group/Art Unit:	1639
		Attorney Docket No.:	S-100,648

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																							
<p>1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 12-2150  Deposit Account Name: Los Alamos National Laboratory</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17</p>	<p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051 \$130</td><td>2051 \$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 \$50</td><td>2052 \$25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1812 \$2520</td><td>1812 \$2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1251 \$120</td><td>2251 \$60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 \$450</td><td>2252 \$225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 \$1020</td><td>2253 \$510</td><td>Extension for reply within third month</td><td>510.00</td></tr> <tr><td>1254 \$1590</td><td>2254 \$795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 \$2180</td><td>2255 \$1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 \$500</td><td>2401 \$250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 \$500</td><td>2402 \$250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 \$1000</td><td>2403 \$500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1452 \$500</td><td>2452 \$250</td><td>Petition to revive - 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EXTRA CLAIM FEES/APPLICATION SIZE FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from Fee Paid Below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>-20** =</td><td>X</td><td>=</td><td>\$</td></tr> <tr><td>Independent Claims</td><td>-3** =</td><td>X</td><td>=</td><td>\$</td></tr> <tr><td>Multiple Dependent</td><td>X 180</td><td>=</td><td>\$</td></tr> </tbody> </table> <p><small>** or number previously paid, if greater; For Reissues, see below</small></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202 \$50</td><td>2202 \$25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201 \$200</td><td>2201 \$100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203 \$360</td><td>2203 \$180</td><td>Multiple dependent claim, if not paid.</td><td></td></tr> <tr><td>1204 \$88</td><td>2204 \$44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205 \$18</td><td>2205 \$9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p><b>APPLICATION SIZE FEE</b> \$_____</p> <p>1081 \$250 2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings</p> <p style="text-align: right;"><b>SUBTOTAL (2)</b> \$_____</p> <p>(Include total of Claims Fees and Size Fee here)</p>	Total Claims	Extra Claims	Fee from Fee Paid Below	Fee Paid	-20** =	X	=	\$	Independent Claims	-3** =	X	=	\$	Multiple Dependent	X 180	=	\$	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1202 \$50	2202 \$25	Claims in excess of 20		1201 \$200	2201 \$100	Independent claims in excess of 3		1203 \$360	2203 \$180	Multiple dependent claim, if not paid.		1204 \$88	2204 \$44	** Reissue independent claims over original patent		1205 \$18	2205 \$9	** Reissue claims in excess of 20 and over original patent	
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SUBMITTED BY		Complete (if applicable)	
Printed Name:	Robert P. Santandrea	Reg. No.	45,072
Signature:		Date:	10/21/2005
		Telephone	(505) 665-3659

10/24/2005 MGBREM1 00000070 122150 10629984

01 FC:2253

510.00 DA

OCT 21 2005

SN 10/629,984  
Docket No. S-100,648  
In Response to Office Action dated 04.21.05

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jurgen G. Schmidt                      Docket No.: S-100,648  
Serial No.: 10/629,984                      Examiner: Jon D. Epperson  
Filed : July 29, 2003                      Art Unit: 1639  
For : SOLID PHASE IMMOBILIZED TRIFUNCTIONAL LINKER  
Customer No. 35068

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT/RESPONSE**

Sir:

In response to the Office Action dated April, 21, 2005, please enter the following amendments to the Specification and Claims, and consider the accompanying remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 6 of this paper.

---

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date 10/21/05

## FACSIMILE

☒ transmitted by facsimile to the United States Patent and Trademark Office (571) 273-8300

Sharon Ruminer  
Signature

Sharon Ruminer  
(type or print name of person certifying)